

**STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS**

For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.

THRU: <i>(Include ZIP Code)</i>	TO: <i>(Include ZIP Code)</i>	FROM: <i>(Include ZIP Code)</i>
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1. NAME OF INDIVIDUAL EXAMINED <i>(Last, First, and Middle Initial)</i>	2. SSN	3. GRADE
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4. ORGANIZATION AND STATION	5. ACCIDENT INFORMATION	
	a. DATE	b. PLACE <i>(City and State)</i>

**SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR**

6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL	7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY
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8. HOUR AND DATE ADMITTED	9. HOUR AND DATE EXAMINED
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10. NATURE AND EXTENT OF <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH <i>(Explain)</i>
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11. MEDICAL OPINION:
a. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <i>(Specify)</i> :
b. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND <i>(Attach Psychiatric evaluation if appropriate)</i> .
c. INJURY <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.
d. INJURY <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL	13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD
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15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE <i>(how, where, when)</i>
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16. DATE	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR	18. SIGNATURE
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**SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER**

19. DUTY STATION <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE	20. HOUR AND DATE OF ABSENCE a. FROM
	b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY <i>(Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
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22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING	23. HOUR AND DATE TRAINING a. BEGAN
	b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING
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25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL
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29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY
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30. DETAILS OF ACCIDENT - REMARKS <i>(If additional space is needed, continue on reverse) (Attach inclosures as necessary)</i>
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31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY <i>(Not applicable on deaths)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
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33. DATE	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER	35. SIGNATURE
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